PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE]]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		* 4			X\$ 9=	96	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		* 2			X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PR			RESENT						09	Un		
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=	7.6	OR	+280=	
CLAIMS AS AMENDED - PART II								TOTAL	400	OR	TOTAL	
	C	(Column 1)	MENDE	PAR (Colu		nn_2) (Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	•	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	1.10		1	.000	
								+140= TOTAL		OR	+280= TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)	,		4551	I 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	↓	X42=		OR	X84=	·
L	FIRST PRESE	NTATION OF MI	JUTIPLE DEI	PENDEN	CLAIM	U	ل	+140=		OR	+280=	
								TOTAL ADDIT. FEE		∩R	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)									•	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-]	X42=			X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		J ∤			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 2										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previously Pa	id For" (Total o	r Independ	is less the	e highest numbe	er fou	and in the app	ropriate box	cin co	lumn 1	

FORM PTO-875 (Rev. 8/01)